

RFP Comprehensive Human Health Risk Assessment Questions

1. What is the city looking for in terms of work effort and work product?

- The Scope of Work requires an overall health risk assessment of the City of Long Beach related to air quality due to air pollution, with contributions coming from the Long Beach Airport/Freeway Systems (including I-710 and 405)/Port of Long Beach, and other identified point and mobile sources of air pollution within the City.
- Also, because of community interest and the City Council request surrounding the overall health effects related to the Long Beach Airport, it is requested that special attention be paid to evaluating the effects of both air and noise pollution in the Airport “footprint” area. It is presumed that this assessment will show local effects here, rather than Citywide effects. It is required that this relationship of pollution effect (air and noise) be presented in the final report in a clear, concise manner, for the benefit of the clarity to the community and all others.
- With respect to Work Effort and Work Product, this RFP is requesting each applicant to propose their best methodology that would meet the City’s assessment needs, and report the findings to us by the established deadline (no later than August 31, 2004). The RFP is also requesting each applicant to indicate his or her estimate of the cost for completing his or her Health Risk Assessment (HRA) Study.
- All of the deliverables are spelled out under **Item B, Scope of Work/Proposal Deliverables**, as well as requirements for the proposal content. No constriction has been placed on the methodology design, leaving this selection up to each applicant based upon his or her expertise and experience.
- As spelled out under **Publication of Final Report**, all evaluations of researched health risk data, studies, and health risk assessments should be critically appraised for their relevance to the City of Long Beach and its communities. It is recognized that there are a number of relevant reports of data, studies, and health risk assessments related to air pollution and noise studies related to airport operations, from which critical appraisal determinations may be made. There are

similar local reports which can be reviewed and assessed, e.g. various EIR studies, MATES II Study, “hot spots” studies, FAA reports, etc. It is expected that the successful RFP applicant will aggressively seek out all such relevant data, studies, and health risk assessments, and apply a critical appraisal process in determining the “true” health impact and status in the City of Long Beach. This aggressive requirement suggests the need to acquire accurate, current information by which to draw direct conclusions about the state of health of the Long Beach community today.

Note: The critical appraisal process is to address accurate reporting of the various impacts on the health of Long Beach residents; and to achieve clarity in reporting this health risk assessment, according to the guidelines established by Thomas A. Lang and Michelle Secic, **How to Report Statistics in Medicine** (1997).

2. What would the scope of work be with regard to noise pollution?
 - As stated in Q1, special attention to noise pollution is required for the Long Beach Airport “footprint” (affected) area only. It is expected that the scope of work spelled out in **Item #B, Scope of Work/Proposal Deliverables** would be researched in the same manner, addressing noise pollution assessment.
 - As addressed under **Publication of Final Report**, the final assessment report should be weighed against the various established federal, state, regional, local, and professional health impact standards. The City of Long Beach also has the General Plan Element, which cites relevant intergovernmental requirements.
3. Does Long Beach DHHS have a “short list” of sources that must be included in the HRA? If not, can the party performing the study simply propose certain categories and justification for why they are listed? (i.e. relative emission rates and toxicity for each category of sources) and present this to the Long Beach city council and community groups as part of task 1 (b)?
 - The initial broad list includes the mobile sources (e.g. freeways, aircraft) and ground operations at the Long Beach Airport and the Port. This should also

include studies from “hot spots” investigations, SCAQMD MATES studies, and governmental monitoring of mobile and stationary air polluters.

- Yes. The proposal of additional sites/categories should be relevant to the City of Long Beach environmental profile, remembering the project wants information on activities negatively impacting the health of Long Beach residents. Current standard investigations by AQMD have addressed pollution leading to significant cancer risk and non-cancer health risks, e.g. asthma.
4. Does DHHS require or prefer the use of the Office of Environmental Health Hazard Assessment (OEHHA) HRA methodology in the study? If so, which “Tier” of the methodology is desired? (i.e. Tier I through Tier IV).
- As addressed in Q1, bullet #3, we are not limiting the methodology because we want the best possible evaluation of the diverse issues being investigated. Assuming each methodology has its own limitations, we are more concerned about the accuracy for quantifiable health risk measurement, and hence the accuracy of the reportable health risks. Though qualitative determinations by the mere presence of certain pollutants are available through various studies, this does not necessarily translate into health impacts, e.g. morbidity and mortality.
5. Does DHHS have a preferred methodology for assessing the impact of ambient noise to human health? If not, does DHHS have a preferred metric for expressing the impact of ambient noise on the community (e.g., hearing loss?)
- No. However, the FAA has established standards by which it measures airports for operational compliance. The City of Long Beach also has a noise agreement standard, in an agreement with the FAA. Each applicant, for our consideration and rating, should recommend other factors for methodology.
6. The assistance of the South Coast Air Quality Management District (SCAQMD) and the California Air Resources Board (CARB) will be critical to the success of the study. Has DHHS contacted either agency about sharing existing databases relevant to the study?
- As a part of the City and a public health jurisdiction, we have a working relationship with both entities. SCAQMD has already indicated their willingness to cooperate in this project. However, the successful applicant will be responsible

for direct contacts with all necessary agencies, including the FAA, in order to obtain the specific information, which would be relevant to this investigation.

7. In task 3, the proposal states that the proposal should include “recommendations for further action”. Does DHHS envision a procedure by which the recommendations should be developed, e.g., should DHHS or some other City of Long Beach agency be involved in developing with the consultant? What is the nature of the envisioned recommendations?

- DHHS understands the short timeline for this project may limit your the consideration of certain types of methodologies, which may have certain strengths in providing better health risk assessment data. This certainly may affect the accuracy of the final report. So, the final report may address any significant weaknesses in the final critical appraisal, and it may recommend a next phase to correct this weakness in determination of the health risk assessment. These recommendations will be presented to the City Council for future consideration.
- Recommendations will be developed in collaboration with DHHS. There are no specific envisioned recommendations. The need for recommendations will evolve out of the process of completing this report.
- DHHS feels there currently is adequate time to provide an adequate investigation, which can give reasonably accurate risk determinations. As an example, we are aware that various treatments of existing data, studies and health risk assessment reports can provide appropriate scientific determinations, e.g. metanalysis, etc.

8. Who is the contact on the EIR?

- This is not an EIR. The Airport will be doing an EIR in preparation for its projected work. However, DHHS is conducting an actual overall Citywide health risk assessment, to address the City’s current health risk status. This report will not address any future changes, which might happen from some undetermined activity, which is not already begun.
- The City of Long Beach has determined that it will, acting as a Responsible Agency, prepare an EIR for development of terminal improvements at the Long Beach Airport. All inquiries should contact Ms. Angela Reynolds, Environmental

Officer, Planning and Building, City of Long Beach, 333 West Ocean Boulevard, Long Beach, CA 90802.

- The contact for this RFP is found on page 4, **Darryl M. Sexton, MD, City Health Officer, Department of Health and Human Services, 2525 Grand Avenue, Long Beach, CA 90815.**

9. Has it been put up for bid yet? If not, can Aspen Environmental Group be put on the list to receive it?

- See Q8. This RFP began January 8, 2004, with the release of the RFP, which has been place on our website. The deadline for submission of RFP Proposals is January 23, 2004, 5 PM.

10. Is the EIR separate from the Master Plan and Airport design aspects or packaged together in one RFP?

- See Q8. Not an EIR. This is a standalone study and report. The HRA is a special project request from the City Council.

11. Does DHHS want the noise analysis component to be included in this proposal?

- See Q1 and Q2.

12. Can we obtain a list of companies/firms that this RFP was sent to?

- No. This is following the City's RFP procedures, which is a blinded process.

13. Does the scope of work for this project include an HRA plan and a comprehensive HRA report based on the existing data?

- Yes, but it is expected that all reports of data and studies will be critically reviewed for statistical accuracy and clinical correlation with health morbidity and mortality. As an example, the clinical relevance between PM 10 and PM 2.5 measurements may have different health interpretations, especially when trying to predict acute and long-term health effects.
- DHHS understands that time limits the ability to acquire new data. So yes, we expect existing data to be used.

14. Do we need to evaluate the future health risk levels associated with the Airport expansion activities for this project?

- No. See Q8, bullet #1.

15. Does this project require evaluating health risk levels under future conditions (future years)?
- No. See above.
16. Does the City have some existing emission source data for the HRA?
- Yes, as addressed under Q6.
17. Confirm that the meeting on February 17, 2004 is included in the project scope, and the cost of a minimum of 6 meetings is estimated as a separate cost estimate (additional cost?)
- Yes. The cost estimate is to include all proposed activities associated with the scope of this RFP.
18. Does the scope of work include any revised modeling, or just reviews and interpretation of previous modeling efforts?
- See methodologies under Q1, 4-5, and 7. No constriction has been placed on the methodology design. The best proposed study design, which will afford the best possible evaluation of the diverse issues being investigated, is expected to be in each applicant's RFP.
19. How big of a geographic region (emissions domain) does the DHHS expect the contractor to evaluate for health impacts to the City of Long Beach?
- For local data and study correlation, the geographic region is the City of Long Beach. What is and has been measured in Long Beach is directly relevant to the health risk of Long Beach environs on lives of its residents, visitors, and workers.
20. Section A, Background, 1st paragraph- "Modeling"- does the City mean air toxic emission and dispersion modeling, followed by health risk assessment calculations? The modeling study is supposed to use existing data and reports- are these meant to be reports of emission inventories of the Airport, 710 Freeway, Port of Long Beach and other sources? Who is responsible for identifying "other" point and mobile sources mentioned in the paragraph?
- Modeling should use timely, existing data. Though MATES III is slated to begin in 2004, our timeline is too narrow to permit acquisition of that SCAQMD data.

- The successful applicant will be responsible for bringing forward “their” point and mobile sources based upon ongoing review and analysis of existing data, which may not be apparent to us at this time.
21. 2nd paragraph- should the study focus on airborne particulate matter and noise health effects?
- See Q1-2. Yes.
22. Has the RFP for the Airport terminal and parking expansion EIR been let, and has the City selected its consultants for that project? If not, would working on the baseline HRA prevent CDM from proposing on the Airport EIR RFP?
- See Q8. EIR is just starting. There will not be any conflict of interest in applying to both.
23. What level of information will the City provide regarding Airport aircraft activity (operations per year, month, day, hour), ground support equipment use, airport traffic activity, and on-airport stationary source information?
- The Airport has air emission and noise data, which can be used in this HRA.
24. Does the City have on hand existing studies conducted in or around Long Beach that it intends to share with the successful consultant? If so, which studies are currently in the City’s possession?
- See Q1, bullet 5, and Q6. Any information DHHS has will be shared with the investigator.
25. Are “data modeling plans” the same as modeling protocols?
- Yes.
26. Does the City want to obtain review comments and final approval of the modeling protocols from SCAQMD?
- See Q6. But SCAQMD will not have any oversight over the aspects of this project and report.
27. Is the funding limit mentioned for complete study intended to include modeling of air toxic emissions from airport, roadway, Port, and stationary sources in addition to assessment of risks associated with exposure to air toxics? Or is the funding limit for the review of existing documentation and development of a detailed cost estimate to complete a comprehensive health risk assessment?

- See Q17. The estimated cost is to be inclusive of all expected activities, which are spelled out in this RFP. This includes all work efforts providing the basis for the final report, and all other deliverables, e.g. modeling, public meeting presentations, etc.
28. Does the city have an example health risk assessment in mind and/or does the City have expectations that the consultant would follow particular guidance for a particular regulatory agency or agencies?
- See Q4.
29. The City indicates that the consultant would design a plan to implement and complete a comprehensive HRA modeling study using existing data and reports. Should bidders assume that this level of effort will be to compile and evaluate existing/ongoing studies and develop a plan to implement the HRA modeling study, but not to actually implement and complete the modeling study required to conduct the comprehensive human HRA?
- See Q1.
30. The City indicates the Long Beach Airport is planning expansion of the terminal and parking facilities, but that the expansion will be covered under a separate EIR. Has an air quality study been conducted on current airport operations that address emissions of toxic air contaminants and noise?
- To my knowledge, no study has been conducted, however required emission data is available at the Airport and the FAA.
31. Are studies currently available that address health risks from major area freeways?
- Contact with the EPA and AQMD will lead to reports addressing freeways, with emphasis surrounding diesel emissions.
32. Is the City requesting that an evaluation of other mobile and point sources of a local and regional interest as identified in the RFP include regional sources (such as oil refineries, other major transportation corridors etc.) that are located outside the City of Long Beach? If so, has the City of Long Beach set a criterion for how near a source should be to be included in the study?
- See Q1. Current “hot spot” reports have been done, where modeling shows that emissions may have some impact on the City of Long Beach.
 - See Q3. Emissions must have a relevant impact on the City of Long Beach.

33. Does the City have access to or knowledge of noise studies that address current noise levels in the region of concern, or would the City anticipate that the consultant would conduct a noise assessment? Is the noise evaluation to focus on noise impacts from the Long Beach Airport operations only?
- As required by the FAA, the Airport contracts with a noise consultant for ongoing monitoring of noise intrusions into the community. All documents received from this consultant are public records and will be available for review.
34. Could you summarize more specifically the reports and data sources that you are aware of that might pertain to this project?
- See Q1.
35. Is it correct to assume that two sets of HRA results are to be presented, one for exposure to airport emissions only and one set for exposure to “airshed”-wide admissions?
- No. See Q1-2. This is one report, but the Airport portion must be presented as a coherent presentation.
36. Has an EIR previously been prepared for the Long Beach Airport or any other major facilities in the Long Beach “airshed”?
- The most recent has been a comprehensive EIR for the development of the Pacific Center, at the closed Boeing facility north of the Airport.
37. Which are the scenarios to be analyzed? Will only the current situation be studied (single scenario) or will the City ask for multiple scenarios analysis (different HRA for each one), i.e. upgrades of Long Beach Airport, I-710 expansion etc.
- This is a health risk assessment of the entire City of Long Beach, looking at the risk impacts associated with air quality overall and with focal noise pollution exposure in the Airport “footprint” area.

